



Quarantine and Isolation Medical Shelter  
Standard Operation Procedure

SOP No: MS-113  
Date: 05/13/2020

Standard Operating Procedure  
**Site Documentation**  
**(Sign-In Sheets and Work Order Logs)**

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**Subject: Sign-In Sheets and Work Order Logs**

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## 1. Introduction

The purpose of this Standard Operating Procedure (SOP) is to familiarize Medical Shelter site ("site") management personnel with two critical elements of documentation: Sign-in sheets and Incident Work Orders.

Sign-in sheets are used to track individuals entering and leaving a site. These documents ensure accountability of all individuals at a site, ensure redundant documentation measures, and allow for confirmation of hours worked at a site, when required.

The Incident Work Order log ("WO Log") records all personnel, assignments and responsibilities, and hours worked per shift, per site. The WO log provides basic incident activity documentation and is critical for cost recovery purposes resulting from a Federal Declaration of Disaster. It also acts as a critical reference to be utilized in after-action reporting.

## 2. Procedure

- Site management personnel shall maintain a daily record of all individuals physically entering the site, whether as an employee, vendor, or visitor for another reason. Anyone and everyone physically entering a site must sign-in upon entry and out upon exit.
- A completed log (**Exhibit A**) should record:
  - Date
  - First/Last Name
  - County/Vendor Name

- Mobile Phone
- Time of Start of Shift/Time of End of Shift
- Reason for Visit
- Depending on the Site, the sign-in binder with sign-in sheets and pens:
  - Should be managed by the security guard stationed at the employee/vendor entrance, if applicable **OR**
  - In a highly visible place near the employee/visitor entrance or other designated location. Print signs and instructions for visitors to complete the sign-in sheet, if a security guard is unavailable.
  - Sign-in sheets should be scanned and uploaded to SharePoint on a daily basis

### 3. Work Order Log (“WO Log”)

- Site management personnel are responsible for maintaining a daily record of WO Logs (**Exhibit B**) for all teams working at the site.
- A separate WO log must be completed for each site team (i.e., site management team, security team, client support team, medical team), each 24 hour period (0000 – 1159).
- A completed Wo log should record:
  - Date
  - Time of Start of Shift/ Time of End of Shift
  - # Hours worked and lunch break
  - Employee # (for County Employees only)
  - First/Last Name
  - Incident Assignment
  - Home Agency/Department/Vendor
  - Notes: Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.
- WO Log Due Date: All teams shall submit a WO log daily, preferably typed out. However, handwritten WO forms are accepted if handwriting is printed in a clear and legible manner.
- Reviewing Submitted WO Logs: Site management personnel or designated Site Manager(s) shall review all WO logs for completeness. Any discrepancies must be fixed and corrected.

- Uploading to SharePoint: All WO logs should be scanned and uploaded to the designated Site WO log folder on SharePoint. Each file should utilize the following naming convention: "Date-Site Team Name." For example the Site Management Team that worked on May 5, 2020 should be titled (May 5 2020-Site Management Team)

#### **4. References**

- Blank sign in sheets and WO Log templates can be downloaded online from SharePoint.

# EXHIBIT A

**(SITE NAME)**  
**SITE SIGN-IN**

[illegible]

## COUNTY OF LOS ANGELES INCIDENT WORK ORDER - INSTRUCTIONS

**Purpose.** The Incident Work Order (Incident WO) log records the location, personnel and activities carried out at one of the County's Medical Sheltering Sites. This log provides basic incident activity documentation and a reference for any after-action report.

**Preparation.** The Incident WO should be filled out by the Team Leader for each shift. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications in the Notes section.

**Distribution.** Completed Incident WOs are submitted to the Site Supervisor, who will forward the forms to the EOC Site Management Coordinator. Everyone listed on the Incident WO should also forward a copy to their departments' financial point of contact and retain a copy for their own records.

**Notes:**

- All logs should be filled out, signed and submitted digitally by the Team Supervisor assigned to each shift every day and emailed to the Site Supervisor. The weekly collection of the daily Incident WO logs by all Site teams can be submitted via e-mail every Friday by email to the EOC Site Management Coordinator.

Section Title	Block Title	Instructions
Team Lead Information	Team Lead Name	Enter name of the team lead on duty for the shift worked.
	Agency/Organization	Enter the agency the site manager works for.
	Department	Enter the department the site manager works for, if applicable.
Location Details	Site Name	Enter the name of facility/site.
	Site Type	Choose from dropdown type of site. If type is not listed, then enter a description.
	Site Location	Enter address of location.
Personnel Assigned (For Each Employee/Personnel Scheduled)	Date	Enter the date worked.
	Start Time	Enter the start time of shift
	End Time	Enter the end time of shift.
	Hours	Enter total hours worked.
	County Employee # (if applicable)	Enter County employee ID number of the person performing activities if applicable.
	Employee Name	Enter the name of the person performing activities.
	Incident Job Title	Enter the incident job title of the role the person is fulfilling.
	Incident Assignment	Enter the one to four letters accompanying the appropriate incident assignment description from in the Assignment Details section.
	Vendor/Agency/Department	Enter the agency, vendor, or County department with whom the person performing activities is with.
Notes	Notes	Enter any notable activities that happened during the shift. If any personnel carried out tasks classified as other, provide a detailed description. Please omit any Personally Identifiable Information.
Signature	Signature	Fill out this section by clicking and using an already existing signature card on file or choose to create and use a new one.

Site Manager Information									
Team Leader Name (Last, First)				Agency/Organization County of Los Angeles			Department		
Location Details									
Site Name:				Site Type: Medical Sheltering - Non Congregate					
Site Location (Address):									
Assignment Details									
Detailed Description of Work Performed/Incident Assignment:									
SSPV - Site Supervisor: Vendor management; task assignment; resource procurement through EOC									
SD - Site Director: Executes on-demand tasks related to operation of site and coordinates with vendors for execution of needed services									
SM - Site Manager: Executes clerical needs, manages cool zone site support tasks (cleaning & non medical trash), supports daily food ordering for clients									
MT - Medical Team: Coordinates with Intake Hotline for client transfer, manages client intake, maintains client records, client monitoring, receives test results, manages medical supplies, ensures transfer of patients with critical care needs to critical car facility or hospital, manages client needs and special circumstances, coordinates discharge plan with necessary County partners									
MS - Medical Scheduler: Manages scheduling for onsite medical personnel, including backfilling; Coordinate with EMS to ensure steady staffing needs									
WSV - Wraparound Services Vendor: Site security (interior), site security (exterior), trash disposal (site), trash collection (in-building), emergency site/room maintenance, room setup for new clients, laundry, room cleaning (post-discharge) site, cleaning (hallways, etc.), food delivery (room-based) food preparation/delivery									
O - Other: Tasks not included in other incident assignments. (Tasks described in notes)									
Personnel Assigned									
Date	Time (12 Hour Format: a.m./p.m.)				Employee #	Employee Name		Incident Assignment	Home Agency/Department or Vendor
	Start	End	Hours	Lunch Break		Last Name	First		
PAGE 1 OF 2	Team Leader's Signature:							DATE:	

**COVID-19 Medical Shelter - Incident Work Order**  
**INCIDENT ACTIVITY LOG**

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